Case 15-09257 Doc 1 Filed 03/16/15 Entered 03/16/15 14:21:47 Desc Main Page 1 of 38 Document

B1 (Official Form 1) (04/13) **United States Bankruptcy Court** NORTHERN DISTRICT OF ILLINOIS Voluntary Petition **EASTERN DIVISION (CHICAGO)** Name of Debtor (if individual, enter Last, First, Middle): Name of Joint Debtor (Spouse) (Last, First, Middle): Lacy, Johanna M All Other Names used by the Debtor in the last 8 years All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): (include married, maiden, and trade names): Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): than one, state all): xxx-xx-6915 Street Address of Debtor (No. and Street, City, and State): Street Address of Joint Debtor (No. and Street, City, and State): 921 Laura Lane Sauk Village, IL ZIP CODE ZIP CODE 60411 County of Residence or of the Principal Place of Business: County of Residence or of the Principal Place of Business: Cook Mailing Address of Debtor (if different from street address): Mailing Address of Joint Debtor (if different from street address) 921 Laura Lane Sauk Village, IL ZIP CODE ZIP CODE 60411 Location of Principal Assets of Business Debtor (if different from street address above): ZIP CODE Type of Debtor Nature of Business Chapter of Bankruptcy Code Under Which (Form of Organization) (Check one box.) the Petition is Filed (Check one box.) (Check one box.) Health Care Business Chapter 7 Single Asset Real Estate as defined ☐ Chapter 15 Petition for Recognition Individual (includes Joint Debtors) Chapter 9 See Exhibit D on page 2 of this form. in 11 U.S.C. § 101(51B) of a Foreign Main Proceeding Chapter 11 Railroad Corporation (includes LLC and LLP) ☐ Chapter 15 Petition for Recognition Chapter 12 Stockbroker of a Foreign Nonmain Proceeding Partnership ☐ Chapter 13 Commodity Broker Other (If debtor is not one of the above entities, check Clearing Bank this box and state type of entity below.) **Nature of Debts** Other (Check one box.) Chapter 15 Debtors Tax-Exempt Entity Debts are primarily consumer Debts are primarily Country of debtor's center of main interests: (Check box, if applicable.) debts, defined in 11 U.S.C. business debts. § 101(8) as "incurred by an Debtor is a tax-exempt organization Each country in which a foreign proceeding by, regarding, or individual primarily for a under title 26 of the United States against debtor is pending: personal, family, or house-Code (the Internal Revenue Code). hold purpose. Filing Fee (Check one box.) Check one box: Chapter 11 Debtors Debtor is a small business debtor as defined by 11 U.S.C. § 101(51D). Full Filing Fee attached. Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: Filing Fee to be paid in installments (applicable to individuals only). Must attach Debtor's aggregate noncontigent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. on 4/01/16 and every three years thereafter). Filing Fee waiver requested (applicable to chapter 7 individuals only). Must Check all applicable boxes: attach signed application for the court's consideration. See Official Form 3B. A plan is being filed with this petition. Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b). Statistical/Administrative Information THIS SPACE IS FOR COURT USE ONLY Debtor estimates that funds will be available for distribution to unsecured creditors. Debtor estimates that, after any exempt property is excluded and administrative expenses paid. there will be no funds available for distribution to unsecured creditors. Estimated Number of Creditors Over 10,001-**\_\_\_** 25,001-50,001-**∐** 50-99 **\_\_** 100-199 **1** 200-999 <del>1,0</del>00-5.001-5,000 10,000 25,000 50,000 100,000 100,000 Estimated Assets \$100,001 to \$500,001 \$1,000,001 \$10,000,001 \$50,000,001 \$100,000,001 \$500,000,001 More than \$50,001 to \$0 to \$50,000 \$100,000 \$500,000 to \$1 million to \$10 million to \$50 million to \$100 million to \$500 million to \$1 billion \$1 billion Estimated Liabilities \$50,000,001 \$10,000,001 \$100,000,001 \$500,000,001 \$50,001 to \$100,001 to \$500,001 More than

to \$100 million

to \$500 million

\$1 billion

to \$1 billion

to \$50 million

\$1,000,001

to \$10 million

\$0 to

\$500,000

to \$1 million

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B1 (Official Form 1) (04/13)	l Paye 2 01 30		Page 2
Voluntary Petition	Name of Debtor(s): Johann	а М Lacy	
(This page must be completed and filed in every case.)			
All Prior Bankruptcy Cases Filed Within La	ast 8 Years (If more than two, a	ttach additional sheet.)	
Location Where Filed: None	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner	or Affiliate of this Debtor	(If more than one, attach	additional sheet.)
Name of Debtor:	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
Exhibit A  (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  Exhibit A is attached and made a part of this petition.		or she] may proceed under ch and have explained the relief a nat I have delivered to the debt	ebts.) n, declare that I have apter 7, 11, 12, or 13 available under each
	X /s/ Robert J. Adams	& Associates	3/16/2015
	Robert J. Adams &		Date
Does the debtor own or have possession of any property that poses or is alleged to possession.  Yes, and Exhibit C is attached and made a part of this petition.  No.	Exhibit C cose a threat of imminent and identifiab	ıle harm to public health or saf	ety?
	Exhibit D		
(To be completed by every individual debtor. If a joint petition is filed, e  ☑ Exhibit D, completed and signed by the debtor, is attached an  If this is a joint petition:	· ·	attach a separate Exhibit	D.)
Exhibit D, also completed and signed by the joint debtor, is at	tached and made a part of this p	etition.	
	arding the Debtor - Venue ny applicable box.)		
Debtor has been domiciled or has had a residence, principal place preceding the date of this petition or for a longer part of such 180 c	of business, or principal assets	in this District for 180 day	s immediately
There is a bankruptcy case concerning debtor's affiliate, general parts	artner, or partnership pending in	this District.	
Debtor is a debtor in a foreign proceeding and has its principal place principal place of business or assets in the United States but is a cor the interests of the parties will be served in regard to the relief s	defendant in an action or proceed		
Certification by a Debtor Who Re	esides as a Tenant of Residenti I applicable boxes.)	al Property	
Landlord has a judgment against the debtor for possession of debt	, ,	complete the following.)	
	(Name of landlord that obtaine	ed judgment)	
	(Address of landlord)		
Debtor claims that under applicable nonbankruptcy law, there are a monetary default that gave rise to the judgment for possession, aff		•	to cure the entire
Debtor has included with this petition the deposit with the court of a petition.	any rent that would become due o	during the 30-day period a	after the filing of the
☐ Debtor certifies that he/she has served the Landlord with this certif	ication. (11 U.S.C. § 362(I)).		

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Page 3

Voluntary Petition	Name of Debtor(s): Johanna M Lacy
(This page must be completed and filed in every case)	
Sign	atures
Signature(s) of Debtor(s) (Individual/Joint)  I declare under penalty of perjury that the information provided in this petition is true and correct.  [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.  [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code,	Signature of a Foreign Representative  I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.  (Check only one box.)  I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.
specified in this petition.	Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.
X /s/ Johanna M Lacy Johanna M Lacy X	X(Signature of Foreign Representative)
Telephone Number (If not represented by attorney) 3/16/2015	(Printed Name of Foreign Representative)
Date	Date
Signature of Attorney*  X /s/ Robert J. Adams & Associates Robert J. Adams & Associates Bar No. 0013056  Robert J. Adams & Associates 901 W. Jackson, Suite 202 Chicago, IL 60607	Signature of Non-Attorney Bankruptcy Petition Preparer I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.
Phone No. (312) 346-0100  Fax No. (312) 346-6228  3/16/2015  Date  *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.	Printed Name and title, if any, of Bankruptcy Petition Preparer  Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)
Signature of Debtor (Corporation/Partnership)  I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.  The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.	Address X
Signature of Authorized Individual  Printed Name of Authorized Individual	Date Signature of bankruptcy petiton preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.  Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.
Title of Authorized Individual  Date	If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.  A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

# B 1D (Official Form 1, Exhibit D) (12/09) UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS **EASTERN DIVISION (CHICAGO)**

In re:	Johanna M Lacy	Case No.		_
			(if known)	
	Debtor(s)			

### EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D.

Check one of the five statements below and attach any documents as directed.
1. Within the 180 days <b>before the filing of my bankruptcy case</b> , I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.
2. Within the 180 days <b>before the filing of my bankruptcy case,</b> I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit couseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.
3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

B 1D (Official Form 1, Exhibit D) (12/09) UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

In re:	Johanna M Lacy	Case No.	
			(if known)

Debtor(s)

# EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH

CREDIT COUNSELING REQUIREMENT
Continuation Sheet No. 1
☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]
Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilites.);
Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
Active military duty in a military combat zone.
5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.
I certify under penalty of perjury that the information provided above is true and correct.
Signature of Debtor: /s/ Johanna M Lacy Johanna M Lacy
Date: <b>3/16/2015</b>

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B6A (Official Form 6A) (12/07)

In re	Johanna M Lacy	Case No.	
			(if known)

## **SCHEDULE A - REAL PROPERTY**

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting Any Secured Claim or Exemption	Amount Of Secured Claim
None				
	Tota	- I.	\$0.00	

Total: \$0.00 | (Report also on Summary of Schedules) Case 15-09257 Doc 1 Filed 03/16/15 Entered 03/16/15 14:21:47 Desc Main Document Page 7 of 38

B6B (Official Form 6B) (12/07)

In re	Johanna M Lacy	Case No.	
			(if known)

# **SCHEDULE B - PERSONAL PROPERTY**

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
1. Cash on hand.		Cash	-	\$15.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Bank of America (checking and savings)	-	\$750.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	x			
4. Household goods and furnishings, including audio, video and computer equipment.		Five rooms of furniture of various	-	\$500.00
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	x			
6. Wearing apparel.		Clothing	-	\$400.00
7. Furs and jewelry.	x			
8. Firearms and sports, photographic, and other hobby equipment.	x			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	x			
10. Annuities. Itemize and name each issuer.	X			

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B6B (Official Form 6B) (12/07) -- Cont.

In re	Johanna M Lacy	Case No.	
			(if known)

# **SCHEDULE B - PERSONAL PROPERTY**

Continuation Sheet No. 1

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	x			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	x			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	x			
14. Interests in partnerships or joint ventures. Itemize.	x			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	x			
16. Accounts receivable.	x			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	x			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	x			

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B6B (Official Form 6B) (12/07) -- Cont.

In re	Johanna M Lacy	Case No.	
			(if known)

# **SCHEDULE B - PERSONAL PROPERTY**

Continuation Sheet No. 2

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	x			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	x			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		2014 Tax refund already spent	-	\$0.00
22. Patents, copyrights, and other intellectual property. Give particulars.	x			
23. Licenses, franchises, and other general intangibles. Give particulars.	x			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	x			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	x			
26. Boats, motors, and accessories.	х			

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B6B (Official Form 6B) (12/07) -- Cont.

In re Johanna M Lacy	Case No.	
		(if known)

## **SCHEDULE B - PERSONAL PROPERTY**

Continuation Sheet No. 3

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
27. Aircraft and accessories.	x			
28. Office equipment, furnishings, and supplies.	x			
29. Machinery, fixtures, equipment, and supplies used in business.	x			
30. Inventory.	x			
31. Animals.	x			
32. Crops - growing or harvested. Give particulars.	x			
33. Farming equipment and implements.	x			
34. Farm supplies, chemicals, and feed.	x			
35. Other personal property of any kind not already listed. Itemize.	x			
(Include amounts from any con	tinuat		l >	\$1,665.00

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

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B6C (Official Form 6C) (4/13)

In re Johanna M Lacy

Case No.	
	(If known)

## **SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

Debtor claims the exemptions to which debtor is entitled under: (Check one box)	Check if debtor claims a homestead exemption that exceeds \$155,675.*
☐ 11 U.S.C. § 522(b)(2) ☐ 11 U.S.C. § 522(b)(3)	

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Cash	735 ILCS 5/12-1001(b)	\$15.00	\$15.00
Bank of America (checking and savings)	735 ILCS 5/12-1001(b)	\$750.00	\$750.00
Five rooms of furniture of various	735 ILCS 5/12-1001(b)	\$500.00	\$500.00
Clothing	735 ILCS 5/12-1001(a), (e)	\$400.00	\$400.00
* Amount subject to adjustment on 4/01/16 and every	\$1,665.00		

commenced on or after the date of adjustment.

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B6D (Official Form 6D) (12/07) In re **Johanna M Lacy** 

Case No.	
	(if known)

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

☑ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND		Τ,	DATE CLAIM WAS				AMOUNT OF	UNSECURED
MAILING ADDRESS		HUSBAND, WIFE, JOINT, OR COMMUNITY	INCURRED, NATURE	L	۵		CLAIM	PORTION, IF
	씯	ΙΫ́Ε	OF LIEN AND	ΙZ	끄			
INCLUDING ZIP CODE AND	١Ľ	비비	OF LIEN, AND	병	Ä	삗	WITHOUT	ANY
AN ACCOUNT NUMBER	CODEBTOR	≥₹	DESCRIPTION AND	Ž	15	DISPUTED	DEDUCTING	
(See Instructions Above.)	吕	ÖΈ	VALUE OF	ΙŹ	≅	<u>S</u>	VALUE OF	
	ၓ	3AN	PROPERTY SUBJECT	CONTINGENT	UNLIQUIDATED		COLLATERAL	
		USE O	TO LIEN	-	ر			
		Ī						
	$\vdash$							
						Щ		
	•	•	Subtotal (Total of this F	ag	e) >	$\Box$	\$0.00	\$0.00
			Total (Use only on last p				\$0.00	\$0.00
No continuation sheets attached			, , , , , , , , , , , , , , , , , , , ,	J	•	L	(Report also on	(If applicable,
							Cummaniat	ranari alaa an

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

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B6E (Official Form 6E) (04/13)

In re Johanna M Lacy

Case No.	
	(If Known)

	Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.
ΤY	PES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)
	Domestic Support Obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
	Extensions of credit in an involuntary case  Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
	Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
	Contributions to employee benefit plans  Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
	Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
	Deposits by individuals  Claims of individuals up to \$2,775* for deposits for the purchase, lease or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
V	Taxes and Certain Other Debts Owed to Governmental Units  Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
	Commitments to Maintain the Capital of an Insured Depository Institution  Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).
	Claims for Death or Personal Injury While Debtor Was Intoxicated  Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).
	Administrative allowances under 11 U.S.C. Sec. 330 Claims based on services rendered by the trustee, examiner, professional person, or attorney and by any paraprofessional person employed by such person as approved by the court and/or in accordance with 11 U.S.C. §§ 326, 328, 329 and 330.
	mounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of ustment.
	continuation sheets attached

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B6E (Official Form 6E) (04/13) - Cont.

In re Johanna M Lacy

Case No.	
	(If Known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

TYPE OF PRIORITY Taxes and Certain Other Debts Owed to Governmental Units

TYPE OF PRIORITY	raxe	25 an	d Certain Other Debts Owed to Go	vei	Ш	en	iai Uniis		
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCT #: IRS P.O Box 7346 Philadelphia, PA 19101-7346		-	DATE INCURRED: 2013 CONSIDERATION: Taxes REMARKS:				\$1,100.00	\$1,100.00	\$0.00
attached to Schedule of Creditors Holding (Use	Prior e <b>onl</b>	ity Cla <b>y on</b> l	cheets Subtotals (Totals of this aims last page of the completed Schedule n the Summary of Schedules.)	To	ge) otal		\$1,100.00 \$1,100.00	\$1,100.00	\$0.00
(Use If ap	onl	y on lable,			als	>		\$1,100.00	\$0.00

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B6F (Official Form 6F) (12/07) In re Johanna M Lacy

Case No.		
	(if known)	

	Check this box if debtor has no	creditors holding unsecured	I claims to report on this Schedule F.
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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: Aaron Rents 1015 Cobb Place Blvd Kennesaw, GA 301443672		-	DATE INCURRED: CONSIDERATION: Furniture REMARKS:				\$1,226.00
ACCT#: AFNI 404 Brock Dr. PO Box 3097 Bloomington, IL 61702-3097	_	-	DATE INCURRED: CONSIDERATION: Collecting for -T-mobile REMARKS:				Notice Only
ACCT#: xx-xx xx0417  Arnold Scott Harris, P.C. 111 W Jackson, Suite 400 Chicago, IL 60604		-	DATE INCURRED: CONSIDERATION: Attorney for -Illinois Tollway REMARKS:				Notice Only
ACCT#: Associated St. James Radiologist PO Box 3597 Springfield, IL 62708-3597		-	DATE INCURRED: CONSIDERATION: Medical REMARKS:				\$42.00
ACCT #: xx xx xx8682  Baker & Miller 29 N. Wacker Dr., 5th Flr. Chicago, IL 60606		-	DATE INCURRED: CONSIDERATION: Attorney for -Credit Acceptance REMARKS:				\$6,120.51
ACCT#: Chase Bank One Card Service 800 Brooksedge Blvd Westerville, OH 43081		-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$105.00
continuation sheets attached	1	(Rep	Sul (Use only on last page of the completed Sch ort also on Summary of Schedules and, if applicable Statistical Summary of Certain Liabilities and Relat	edu e, oı	otal le l	l > F.) ne	

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B6F (Official Form 6F) (12/07) - Cont. In re Johanna M Lacy

Case No.		
	(if known)	

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPLITED	5	AMOUNT OF CLAIM
ACCT #: City Of Chicago Department Of Revenue PO Box 88292 Chicago, IL 60680		-	DATE INCURRED: CONSIDERATION: parking tickets-non dischargeable REMARKS:					\$700.00
ACCT #: Comcast PO Box 3002 Southeastern, PA 19398		-	DATE INCURRED: CONSIDERATION: Other REMARKS:					\$800.00
ACCT #: ComEd Customer Care Center P.O.Box 87522 Chicago, IL 60680		-	DATE INCURRED: CONSIDERATION: Utility Service REMARKS:					\$786.00
Representing: ComEd			Commonwealth Edison Bill Payment Center Chicago, IL 60668-0001					Notice Only
ACCT#:  Debt Recovery Solution 900 Merchants Concourse Westbury, NY 11590		-	DATE INCURRED: CONSIDERATION: Collecting for - REMARKS:					\$1,054.00
ACCT #: Emp of Cook County C/O Escallate Inc 5200 Stoneham Rd Suite 200 Canton, OH 44720		-	DATE INCURRED: CONSIDERATION: Medical REMARKS:					\$109.58
Sheet no. 1 of 4 continuation sh Schedule of Creditors Holding Unsecured Nonpriority (		ns	hed to Su  (Use only on last page of the completed Schoort also on Summary of Schedules and, if applicable Statistical Summary of Certain Liabilities and Rela	nedu e, o	ota ıle n tl	ıl > F.) he		\$3,449.58

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B6F (Official Form 6F) (12/07) - Cont. In re Johanna M Lacy

Case No.		
	(if known)	

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	USPLITED	AMOUNT OF CLAIM
ACCT #: Escallate Inc 5200 Stoneham RD Ste 200 Canton, OH 44720		-	DATE INCURRED: CONSIDERATION: Collecting for -St. James Hospital REMARKS:				Notice Only
ACCT #: First Premier Bank P.O.Box 5519 Sioux Falls, SD 57117-5519		-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$432.00
ACCT #: Franciscan St. James Health 20201 S. Crawford Ave. Olympia Fields, IL 60461		-	DATE INCURRED: CONSIDERATION: Medical REMARKS:				\$483.55
ACCT #: Heritage Acceptance 120 W. Lexington Elkhart, IN 46516		-	DATE INCURRED: CONSIDERATION: deficiency REMARKS:				\$7,879.00
ACCT #: Illinois Tollway 2700 Ogden Avenue Downers Grove, IL 60515		-	DATE INCURRED: CONSIDERATION: Other REMARKS:				\$5,000.00
ACCT#: xxxx-xx-xx1989  James E Augustyn 4021-C W 63rd Street Chicago, IL 60629		-	DATE INCURRED: CONSIDERATION: Attorney for -Jose Soto REMARKS:				\$11,275.00
Sheet no. 2 of 4 continuation she Schedule of Creditors Holding Unsecured Nonpriority C		ns	hed to Su  (Use only on last page of the completed Schoort also on Summary of Schedules and, if applicable Statistical Summary of Certain Liabilities and Related	edu e, o	ota ıle n th	l > F.) ne	> .)

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B6F (Official Form 6F) (12/07) - Cont. In re Johanna M Lacy

Case No.		
	(if known)	

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNIOUNATED	מינים מינים	DISPUIED	AMOUNT OF CLAIM
ACCT #: xx-xx-xx1808  Joel C Zimmerman Associates 18400 Maple Creek # 90  Tinley Park, IL 60477		-	DATE INCURRED: CONSIDERATION: Attorney for -Thornwood Chgo Hgt REMARKS:					\$1,316.62
ACCT #:  Medical Business Office PO Box 100 Schererville, IN 46375		-	DATE INCURRED: CONSIDERATION: Collecting for - REMARKS:					\$107.56
ACCT #: Midwest Title Loan 2129 S. Cicero Ave Cicero, IL 60804		-	DATE INCURRED: CONSIDERATION: Car loan REMARKS:					\$1,468.00
ACCT#: Nicor Gas PO Box 310 Aurora, IL 60507		-	DATE INCURRED: CONSIDERATION: Utility REMARKS:					\$2,272.16
ACCT #: Oaklawn Radiology Imaging Consultants 37241 Eagle Way Chicago, IL 60678-1372		-	DATE INCURRED: CONSIDERATION: Medical REMARKS:					\$53.78
ACCT#: Santander Consumer USA 8585 N. Stemmons FW Dallas, TX 75287		-	DATE INCURRED: CONSIDERATION: Car loan REMARKS:					\$13,980.00
Sheet no. 3 of 4 continuation sh Schedule of Creditors Holding Unsecured Nonpriority		ns	ned to S  (Use only on last page of the completed So ort also on Summary of Schedules and, if applicate Statistical Summary of Certain Liabilities and Related	hedi le, o	ota ule on t	al > F. he	)	\$19,198.12

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B6F (Official Form 6F) (12/07) - Cont. In re Johanna M Lacy

Case No.		
	(if known)	

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: Seventh Avenue 1112 7th Avenue Monroe, WI 53566		-	DATE INCURRED: CONSIDERATION: Store account REMARKS:				\$392.00
ACCT #: T-Mobile PO Box 37380 Albuquerque, NM 87176		-	DATE INCURRED: CONSIDERATION: cell phone REMARKS:				\$567.75
ACCT #:  Van Ru Credit Corporation  Payment Processing Center  PO Box 618  Park Ridge, IL 60068		-	DATE INCURRED: CONSIDERATION: Collecting For -Seventh Ave REMARKS:				Notice Only
ACCT #: Verizon Wireless 1515 Woodfield Rd. Schaumburg, IL 60173		-	DATE INCURRED: CONSIDERATION: Cellular Phone REMARKS:				\$1,144.00
ACCT #: Village of Sauk Village 21801 Torrence Ave. Sauk Village, IL 60411		-	DATE INCURRED: CONSIDERATION: Utility REMARKS:				\$500.00
ACCT #: Well Group Health Partners PO Box 490 Chicago Heights, IL 60412		-	DATE INCURRED: CONSIDERATION: Medical REMARKS:				\$284.00
Sheet no. 4 of 4 continuation shall be schedule of Creditors Holding Unsecured Nonpriority			hed to Su	bto			\$2,887.75
· · ·			(Use only on last page of the completed Sci ort also on Summary of Schedules and, if applicable Statistical Summary of Certain Liabilities and Rela	nedu e, o	n th	F.) ne	\$58,098.51

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B6G (Official Form 6G) (12/07) In re **Johanna M Lacy** 

Case No.		
	(if known)	

#### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases of contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☑ Check this box if debtor has no executory contracts or unexpired leases. DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT OF OTHER PARTIES TO LEASE OR CONTRACT. CONTRACT

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B6H (Official Form 6H) (12/07) In re **Johanna M Lacy** 

Case No.	
	(if known)

#### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☑ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  3. + \$0.00			Doc	ument Pa	ne 2	2 of 38		
Debtor 2   Spouse, if filing  First Name   Middle Name   Last Name   Last Name   An amended filing   An	Fill in this inforn	mation to identif	y your case:					
Debtor 2 (Spouse, if filing)   First Name	Debtor 1	Johanna	М	Lacy				
Compute Computer Court for the country		First Name	Middle Name	Last Name			Che	eck if this is:
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS  Case number (if known)  Official Form B 6I  Schedule I: Your Income  Be as complete and accurate as possible. If two married people are filing together (Dobtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you present and accurate as exparated and your spouse is not filing with you, do not include information about your spouse is in seeded, attach a separate sheet to this form. On the top of any additional pages, write  Part 1: Describe Employment  In Fill in your employment  Include part-time, seasonal, or self-employed with information about additional employers.  Include part-time, seasonal, or self-employed with information about additional employers.  Occupation may include student or homemaker, if it applies.  Employer's address  Employer's address  Employer's address  Employer's address  AvantCredit  Employer Street  Fine Debtor 2 or non-filing spouse  Employer's name  Employer's address  AvantCredit  Employer's name  Chicago IL 60654  City State Zp Code City State Zp Code  Chy State Zp Code  Chy State Zp Code  Chy State Zp Code  Chy State Zp Code  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filing spouse  2. List monthly gross wages, salary, and commissions (before all 2 S2,433.64)  payroll deductions). If not paid monthly, calculate what the monthly wage  3. Estimate and list monthly overtime pay.  3. + \$0.00		Firet Name	Middle Name	Last Name				An amended filing
Case number (if known)  Official Form B 6I  Schedule I: Your Income  12/13  Be as complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filling jointly, and your spouse is living with you, include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 1: Describe Employment  1. Fill in your employment information about additional employers.  If you have more than one job, attach a separate page with information about additional employers.  Occupation may include student or homemaker, if it applies.  Debtor 1 Debtor 2 or non-filling spouse   Employer's name   Emplo					LINO		П	A supplement showing post-petition
Official Form B 6I  Schedule I: Your Income  Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, or man and case number (if known). Answer every question.  Part 1: Describe Employment information about your spouse is not filing with you, do not include information about your name and case number (if known). Answer every question.  Part 1: Describe Employment  If you have more than one job, attach a separate page with information about additional employers.  Occupation may include student or homemaker, if it applies.  Debtor 1 Debtor 2 or non-filing spouse Imployed Student or homemaker, if it applies.  Debtor 3 Debtor 4 Debtor 2 or non-filing spouse Imployed Student or homemaker, if it applies.  Debtor 4 Debtor 9 or non-filing spouse Imployed Student or homemaker, if it applies.  Debtor 1 Debtor 9 or non-filing spouse Imployed Student or homemaker, if it applies.  Debtor 1 Debtor 9 or non-filing spouse Imployed Student or homemaker, if it applies.  Debtor 1 Debtor 9 or non-filing spouse Imployed Student or homemaker, if it applies.  Debtor 1 Debtor 9 or non-filing spouse Student or homemaker, if it applies.  Debtor 1 Debtor 9 or non-filing spouse Imployer's address Student or homemaker, if it applies.  Part 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filing spouse would be.  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage		ruptcy Court for the:	NORTHERN	DISTRICT OF IL	LINOI	<u> </u>	_	chapter 13 income as of the following date:
Schedule I: Your Income  Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is thing with you, include information about your spouse. If you are separated and your spouse is thing with you, do not include information about your spouse. If you are separated and your spouse is thing with you, do not include information about your spouse. If you are separated and your spouse is thing with you, do not include information about your and additional pages, write    Part 1:					_			MM / DD / YVVV
Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct Information. If you are married and not filing jointly, and your spouse si living with you, include information about your spouse. If you are separated and your spouse is in the filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 1: Describe Employment    Fill in your employment information.   Jeyou have more than one job, attach a separate page with information about additional employers. Occupation   Debtor 1   Debtor 2 or non-filling spouse   Employed   Not employed								WWW/DD/TTTT
Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 1: Describe Employment  1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers.  Occupation Debtor 1 Debtor 2 or non-filing spouse  Employment status Employed Not employed Not employed Not employed Not employed Not employed Student or homemaker, if it applies.  Occupation Turner Street Number Street Number Street  Employer's address 640 N. LaSalle Dr., Ste. 535  Number Street Nu	Official Form B	<u>6l</u>						
responsible for supplying correct information. If you are married and not filing jointly, and your spouse is filting with you, for include information about your spouse. If you are separated and your spouse is not filing with you, do niclude information about your spouse. If you are separated and your spouse is not filing with you, do niclude information about your spouse. If you have more than one job, attach a separate page with information.  If you have more than one job, attach a separate page with information about additional employers.  Occupation  Customer Service Rep  Include part-time, seasonal or self-employed work.  Occupation may include student or homemaker, if it applies.  Employer's address  Chicago IL 60654  City State Zp Code  How long employed there? 1.5 months  Part 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  Estimate and list monthly overtime pay.  3. + \$0.00	Schedule I: Yo	our Income						12/13
Information.  If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work.  Occupation  Customer Service Rep  Employer's name  Employer's address  Chicago  IL  640 N. LaSalle Dr., Ste. 535  Number Street  City  State Zip Code  How long employed there?  City  State Zip Code  How long employed there?  If you nor your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1  Debtor 2 or non-filing spouse    Employed   Employed   Employed   Employed   Not emplo	include information a about your spouse. I your name and case	bout your spouse. f more space is nee number (if known).	f you are separ ded, attach a se Answer every o	ated and your spo eparate sheet to th	ouse is	not filing w	ith y	ou, do not include information
If you have more than one job, attach a separate page with information about additional employers.    Cocupation   Customer Service Rep		oyment		Dahtar 4				Dalatan O an usun fillian amassa
with information about additional employers.  Occupation  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Employer's address  Employer's address  Chicago  IL  Goessa  City  State  City								
additional employers. Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Employer's address  Employer's address  Employer's address  Employer's address  Employer's address  Chicago  IL 60654  City State Zip Code City State Zip Code  How long employed there?  I.5 months  Part 2:  Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filing spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  3. + \$0.00			yment status	,	ed			<del>_</del> · · ·
Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Employer's address  Employer's address  Chicago  IL 640 N. LaSalle Dr., Ste. 535  Number Street		ers.	ation	_		lon		
Occupation may include student or homemaker, if it applies.    Chicago   IL   60654   City   State   Zip Code	Include part-time		ation	Customer Ser	vice R	.ep		
Student or homemaker, if it applies.    Chicago   IL   60654     City   State   Zip Code     City   State   Zip Co	•		yer's name	AvantCredit				
Student or homemaker, if it applies.    Chicago   IL   60654     City   State   Zip Code     City   State   Zip Co	Occupation may i	nclude Emplo	vorio addraca	640 N L 282110	. Dr. S	to 525		
Chicago IL 60654  City State Zip Code City State Zip Code  How long employed there? 1.5 months  Part 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filing spouse payed and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  3. + \$0.00	student or homen	p.o	yei s audiess		ы, с	ite. 555		Number Street
City State Zip Code City State Zip Code  How long employed there? 1.5 months  Part 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filing spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  3. + \$0.00	applies.							
City State Zip Code  How long employed there? 1.5 months  Part 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filing spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  3. + \$0.00								
City State Zip Code City State Zip Code  How long employed there? 1.5 months  Part 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filing spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  3. + \$0.00								
How long employed there?  I.5 months  Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  3. + \$0.00								City State Zip Code
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  3. + \$0.00								
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  3. + \$0.00		How lo	ong employed t	here? 1.5 mo	ntns			
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  3. + \$0.00	Port 2: Civo I	Dotaila Abaut Ma	nthly Incom	•				
non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  3. + \$0.00								
If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  2. \( \frac{\$\\$2,433.64}{\} \)  payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  3. + \( \frac{\$0.00}{\} \)				<ol> <li>If you have noth</li> </ol>	ning to i	report for an	y line	write \$0 in the space. Include your
For Debtor 1  For Debtor 2 or non-filing spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  For Debtor 1  \$2,433.64	<b>.</b>			er, combine the info	ormatic	n for all emp	oloye	rs for that person on the lines below. If
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$2,433.64  2. \$2,433.64  3. + \$0.00	you need more space,	attach a separate sh	eet to this form.					
payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  3. + \$0.00						For Debtor	1	
· · · · · · · · · · · · · · · · · · ·	payroll deductions				2.	\$2,433	3.64	
4 Calculate gross income Add line 2 + line 3 4 \$2 423 64	3. Estimate and list	monthly overtime p	ay.		3. +	\$0	.00	
	4. Calculate gross i	income Add line 2	+ line 3		4.	\$2.422	64	

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Desc Main

Page 23 of 38 Case number (if known) Document Debtor 1 Johanna First Name Middle Name Last Name For Debtor 1 For Debtor 2 or non-filing spouse Copy line 4 here ..... \$2,433.64 List all payroll deductions: \$375.31 5a. Tax, Medicare, and Social Security deductions 5a. \$0.00 5b. Mandatory contributions for retirement plans 5b. \$0.00 5c. Voluntary contributions for retirement plans 5c. \$0.00 5d. Required repayments of retirement fund loans 5d. \$0.00 5e. Insurance 5e. 5f **Domestic support obligations** 5f. \$0.00 \$0.00 5g. Union dues 5g 5h. Other deductions. \$0.00 Specify: 5h.+ Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 6. \$375.31 5g + 5h. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. 7. \$2,058.33 List all other income regularly received: 8a. Net income from rental property and from operating a 8a. \$0.00 business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8b. \$0.00 8c. Family support payments that you, a non-filing spouse, or a 8c. \$0.00 dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$0.00 8e. Social Security 8e. \$0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any noncash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8f. Specify: \$0.00 8g. Pension or retirement income 8g. \$0.00 8h. Other monthly income. 8h. 🖡 Specify: \$0.00 Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. 9. \$0.00 10. 10. Calculate monthly income. Add line 7 + line 9. \$2,058.33 \$2,058.33 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. \$0.00 Specify: 11. 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly 12. \$2,058.33 income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Combined Related Data, if it applies. monthly income 13. Do you expect an increase or decrease within the year after you file this form? **√** No. None. Yes. Explain:

Case 15-09257 Doc 1 Filed 03/16/15 Entered 03/16/15 14:21:47 Desc Main Page 24 of 38 Document Fill in this information to identify your case: Check if this is: ☐ An amended filing Debtor 1 Johanna Lacy Middle Name First Name Last Name A supplement showing post-petition chapter 13 expenses as of the Debtor 2 following date: (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS MM / DD / YYYY Case number A separate filing for Debtor 2 because (if known) Debtor 2 maintains a separate household Official Form B 6J Schedule J: Your Expenses 12/13 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: **Describe Your Household** Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a separate household? Yes. Debtor 2 must file a separate Schedule J. Do you have dependents? ☐ No Dependent's relationship to Dependent's Does dependent Yes. Fill out this information Do not list Debtor 1 and Debtor 1 or Debtor 2 live with you? age for each dependent..... Debtor 2. No **Daughter** 15  $\sqrt{\phantom{a}}$ Yes Do not state the No dependents' names. Daughter  $\overline{\mathbf{Q}}$ Yes No Yes П No Yes No Yes Do your expenses include Nο  $\square$ expenses of people other than Yes yourself and your dependents? Part 2: **Estimate Your Ongoing Monthly Expenses** Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.) Your expenses \$1,000.00 The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4a.

4b.

4c.

4d.

page 1

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

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Your expenses

Debtor 1 Johanna М Middle Name First Name Last Name

		rour expen	ses
5.	Additional mortgage payments for your residence, such as home equity loans	5	
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a.	\$200.00
	6b. Water, sewer, garbage collection	6b	
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c	\$170.00
	6d. Other. Specify:	6d	
7.	Food and housekeeping supplies	7.	\$400.00
8.	Childcare and children's education costs	8.	\$75.00
9.	Clothing, laundry, and dry cleaning	9.	\$120.00
10.	Personal care products and services	10.	\$30.00
11.	Medical and dental expenses	11.	\$50.00
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$200.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	
14.	Charitable contributions and religious donations	14.	
15.	Insurance.		
	Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a	
	15b. Health insurance	15b	
	15c. Vehicle insurance	15c	
	15d. Other insurance. Specify:	15d.	
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:	16.	
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a	
	17b. Car payments for Vehicle 2	17b	
	17c. Other. Specify:	17c.	
	17d. Other. Specify:	17d.	
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).	18.	
19	Other payments you make to support others who do not live with you.		
	Specify:	19	
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
	20a. Mortgages on other property	20a	
	20b. Real estate taxes	20b.	
	20c. Property, homeowner's, or renter's insurance	20c	
	20d. Maintenance, repair, and upkeep expenses	20d.	
	20e. Homeowner's association or condominium dues	20e.	

Deb	tor 1	Case 15-09257 Johanna	Doc 1	Filed 03/16/15 Document	Entered 03/16/15 Page 26 of 38 Case n	5 14:21:47 umber (if known)	Desc Main
		First Name	Middle Name	Last Name		,	
21.	Othe	er. Specify:				21. +_	
22.		r monthly expenses. result is your monthly ex		ugh 21.		22.	\$2,245.00
23.	Calc	culate your monthly net	income.				
	23a.	. Copy line 12 (your con	nbined monthly	income) from Schedule I		23a	\$2,058.33
	23b.	. Copy your monthly exp	oenses from line	e 22 above.		23b. <b>_</b> _	\$2,245.00
	23c.	Subtract your monthly The result is your mon				23c	(\$186.67)
24.	Doy	you expect an increase	or decrease in	your expenses within t	he year after you file this fo	orm?	
	For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?						
		No					
		Yes. Explain here:					
		None.					

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B 6 Summary (Official Form 6 - Summary) (12/14)

## ÚNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

In re Johanna M Lacy Case No.

Chapter 7

## **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$0.00		
B - Personal Property	Yes	4	\$1,665.00		
C - Property Claimed as Exempt	Yes	1		'	
D - Creditors Holding Secured Claims	Yes	1		\$0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		\$1,100.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	5		\$58,098.51	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			\$2,058.33
J - Current Expenditures of Individual Debtor(s)	Yes	3			\$2,245.00
	TOTAL	21	\$1,665.00	\$59,198.51	

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B 6 Summary (Official Form 6 - Summary) (12/14)

## ÚNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

In re Johanna M Lacy Case No.

Chapter 7

## STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$1,100.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$0.00
Student Loan Obligations (from Schedule F)	\$0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$0.00
TOTAL	\$1,100.00

#### State the following:

Average Income (from Schedule I, Line 12)	\$2,058.33
Average Expenses (from Schedule J, Line 22)	\$2,245.00
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	\$881.41

#### State the following:

Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$1,100.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$0.00
Total from Schedule F		\$58,098.51
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$58,098.51

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In re Johanna M Lacy

Case No. (if known)

# **DECLARATION CONCERNING DEBTOR'S SCHEDULES DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have sheets, and that they are true and correct to the b	23	
Date 3/16/2015	Signature /s/ Johanna M Lacy  Johanna M Lacy	
Date	Signature	
	[If joint case, both spouses must sign.]	

B7 (Official Form 7) (04/13)

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# Document Page 30 of 38 UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

n re:	Johanna M Lacy	Case No.	
		(if known)	

	STATEMENT OF FINANCIAL AFFAIRS		
1. Income from emplo	byment or operation of business		
State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the TWO YEARS immediately preceding this calendar year. (A debtor the maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors fill under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and			
AMOUNT	SOURCE		
\$1,740 YTD \$20,000 2014 \$33,000 in 2013			
2. Income other than	from employment or operation of business		
TWO YEARS immediately preparately. (Married debtor	received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse is filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, arated and a joint petition is not filed.)		
AMOUNT	SOURCE		
\$9,000.00	Unemployment Compensation		
	State the gross amount of in including part-time activities case was commenced. State maintains, or has maintaine beginning and ending dates under chapter 12 or chapter joint petition is not filed.)  AMOUNT \$1,740 YTD \$20,000 2014 \$33,000 in 2013  2. Income other than State the amount of income TWO YEARS immediately properly separately. (Married debtor unless the spouses are separately.)		

#### 3. Payments to creditors

Complete a. or b., as appropriate, and c.

None

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 DAYS immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None

 $\overline{\mathbf{M}}$ 

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 DAYS immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None

abla

c. All debtors: List all payments made within ONE YEAR immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within ONE YEAR immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

B7 (Official Form 7) (04/13)

# Document Page 31 of 38 UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS **EASTERN DIVISION (CHICAGO)**

n re:	Johanna M Lacy	Case No.	
			(if known)

## STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 1

5	Repossessi	ons fo	reclosu	res and	refurns
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None List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 6. Assignments and receiverships

None  $\square$ 

a. Describe any assignment of property for the benefit of creditors made within 120 DAYS immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None

 $\square$ 

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 7. Gifts

None

List all gifts or charitable contributions made within ONE YEAR immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 8. Losses

None ⊻

List all losses from fire, theft, other casualty or gambling within ONE YEAR immediately preceding the commencement of this case OR SINCE THE COMMENCEMENT OF THIS CASE. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within ONE YEAR immediately preceding the commencement of this case.

DATE OF PAYMENT,

NAME OF PAYER IF OTHER THAN DEBTOR

AND VALUE OF PROPERTY

03/12/2015

AMOUNT OF MONEY OR DESCRIPTION

\$64.00

Robert J. Adams & Associates 901 W. Jackson, Suite 202

**Debtors CC.org** March 12, 2015 \$9.95

#### 10. Other transfers

Chicago, IL 60607

NAME AND ADDRESS OF PAYEE

None  $\square$ 

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within TWO YEARS immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

b. List all property transferred by the debtor within TEN YEARS immediately preceding the commencement of this case to a self-settled trust or None similar device of which the debtor is a beneficiary.



B7 (Official Form 7) (04/13)

# Document Page 32 of 38 UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

In re:	Johanna M Lacy	Case No.	
		(if known)	

	STAT	EMENT OF FINANCIAL AFI Continuation Sheet No. 2	FAIRS
None	brokerage houses and other financial institutions.	ing the commencement of this case. Inclusion and share accounts held in banks, credit (Married debtors filing under chapter 12 or	de checking, savings, or other financial accounts, unions, pension funds, cooperatives, associations,
None		ried debtors filing under chapter 12 or chap	ash, or other valuables within ONE YEAR immediately oter 13 must include boxes or depositories of either or joint petition is not filed.)
None	13. Setoffs List all setoffs made by any creditor, including a brace. (Married debtors filing under chapter 12 or competition is filed, unless the spouses are separated	chapter 13 must include information concer	r within 90 DAYS preceding the commencement of this rning either or both spouses whether or not a joint
None	<b>14. Property held for another person</b> List all property owned by another person that the	debtor holds or controls.	
None	15. Prior address of debtor  If the debtor has moved within THREE YEARS im during that period and vacated prior to the comme spouse.	,	of this case, list all premises which the debtor occupied filed, report also any separate address of either
	ADDRESS 22228 Paxton Ave, Sauk Village, IL	NAME USED	DATES OF OCCUPANCY October 2011

## 16. Spouses and Former Spouses

None

✓

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within EIGHT YEARS immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

until March 2014

B7 (Official Form 7) (04/13)

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# Document Page 33 of 38 UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

n re:	Johanna M Lacy	Case No.	
		(if known)	

#### STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 3

17	Envir	nmonta	I Info	rmation

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material.

Indicate the governmental unit to which the notice was sent and the date of the notice.

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

#### 18. Nature, location and name of business

None

✓

a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within SIX YEARS immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within SIX YEARS immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within SIX YEARS immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within SIX YEARS immediately preceding the commencement of this case.

None

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

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B7 (Official Form 7) (04/13)

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# NORTHERN DISTRICT OF ILLINOIS **EASTERN DIVISION (CHICAGO)**

n re:	Johanna M Lacy	Case No.	
			(if known)

#### STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 4

## The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within SIX YEARS immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time. (An individual or joint debtor should complete this portion of the statement ONLY if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.) 19. Books, records and financial statements None a. List all bookkeepers and accountants who within TWO YEARS immediately preceding the filing of this bankruptcy case kept or supervised the $\overline{\mathbf{Q}}$ keeping of books of account and records of the debtor. None b. List all firms or individuals who within TWO YEARS immediately preceding the filing of this bankruptcy case have audited the books of account $\square$ and records, or prepared a financial statement of the debtor. None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain. None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by $\square$ the debtor within TWO YEARS immediately preceding the commencement of this case. 20. Inventories None a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory. None b. List the name and address of the person having possession of the records of each of the inventories reported in a., above. $\square$ 21. Current Partners, Officers, Directors and Shareholders None a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership. $\square$ None

b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or  $oldsymbol{
u}$ holds 5 percent or more of the voting or equity securities of the corporation.

#### 22. Former partners, officers, directors and shareholders

None  $\square$ 

a. If the debtor is a partnership, list each member who withdrew from the partnership within ONE YEAR immediately preceding the commencement of this case.

None b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated within ONE YEAR immediately preceding the commencement of this case.

B7 (Official Form 7) (04/13)

# Document Page 35 of 38 UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

In re:	Johanna M Lacy	Case No.	
			(if known)

	STATEMEN	NT OF FINAN Continuation Shee	NCIAL AFFAIRS of No. 5		
None	23. Withdrawals from a partnership or distrik	-	prporation s credited or given to an insider, including compensation in any form,		
$\overline{\mathbf{Q}}$	·		te during ONE YEAR immediately preceding the commencement of		
	24. Tax Consolidation Group				
None	If the debtor is a corporation, list the name and federal taxpaver-identification number of the parent corporation of any consolidated group for tax				
None	25. Pension Funds  If the debtor is not an individual, list the name and federal has been responsible for contributing at any time within SI.		tion number of any pension fund to which the debtor, as an employer, tely preceding the commencement of the case.		
[If co	mpleted by an individual or individual and spouse]				
	are under penalty of perjury that I have read the answ nments thereto and that they are true and correct.	ers contained in	the foregoing statement of financial affairs and any		
Date	3/16/2015	Signature	/s/ Johanna M Lacy		
		of Debtor	Johanna M Lacy		
Date		Signature of Joint Debto (if any)	or		
	Ity for making a false statement: Fine of up to \$500,0 S.C. §§ 152 and 3571	00 or imprisonme	ent for up to 5 years, or both.		

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B 8 (Official Form 8) (12/08)

## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

IN RE: Johanna M Lacy CASE NO

CHAPTER 7

## **CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

PART A -- Debts secured by property of the estate. (Part A must be fully completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1				
Creditor's Name: None		Describe Property Securin	g Debt:	
Property will be (check one):  Surrendered Retained  If retaining the property, I intend to (check at least one):  Redeem the property Reaffirm the debt Other. Explain (for example, avoid lien using 11 L	J.S.C. § 522(f)):			
Property is (check one):  Claimed as exempt Not claimed as exer	mpt			
PART B Personal property subject to unexpired leas Attach additional pages if necessary.)  Property No. 1	ses. (All three colu	mns of Part B must be com	pleted for each ur	nexpired lease.
Property No. 1  Lessor's Name: None	Describe Leased	Property:	Lease will be As 11 U.S.C. § 365 YES	sumed pursuant to (p)(2):
I declare under penalty of perjury that the above in personal property subject to an unexpired lease.	dicates my inten	ion as to any property of	my estate securi	ing a debt and/or
Date 3/16/2015	Signature	/s/ Johanna M Lacy Johanna M Lacy		
Date	Signature			

# Document Page 37 of 38 UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

IN RE: Johanna M Lacy CASE NO

CHAPTER 7

DISCLOSURE OF (	COMPENSATION OF ATTO	RNEY FOR DEBTOR
at compensation paid to me within one y	year before the filing of the petition in b	ankruptcy, or agreed to be paid to me, for
or legal services, I have agreed to accep	ot:	\$1,200.00
ior to the filing of this statement I have r	eceived:	\$64.00
alance Due:		<b>\$1,136.00</b>
ne source of the compensation paid to m	ne was:	
☑ Debtor ☐ Ot	her (specify)	
ne source of compensation to be paid to	me is:	
☑ Debtor ☐ Ot	her (specify)	
I have not agreed to share the above associates of my law firm.	-disclosed compensation with any other	er person unless they are members and
Analysis of the debtor's financial situati inkruptcy; Preparation and filing of any petition, s	ion, and rendering advice to the debtor chedules, statements of affairs and pla	in determining whether to file a petition in n which may be required;
agreement with the debtor(s), the above	ve-disclosed fee does not include the fo	ollowing services:
	CERTIFICATION	
		gement for payment to me for
3/16/2015	/s/ Robert J. Adams & Asso	ociates
Date	Robert J. Adams & Associate Robert J. Adams & Associate 901 W. Jackson, Suite 202 Chicago, IL 60607 Phone: (312) 346-0100 / Fax	es
s/ Johanna M Lacy		
	arsuant to 11 U.S.C. § 329(a) and Fed. at compensation paid to me within one survices rendered or to be rendered on be as follows:  or legal services, I have agreed to acception to the filing of this statement I have realance Due:  the source of the compensation paid to me source of compensation to be paid to be source of compensation to be paid to be source of compensation to be paid to be source of my law firm.  I have agreed to share the above-discussed from associates of my law firm.  I have agreed to share the above-discussed fee, I have an	or legal services, I have agreed to accept: ior to the filing of this statement I have received: alance Due:  de source of the compensation paid to me was:  Debtor

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IN RE: Johanna M Lacy CASE NO

CHAPTER 7

# **VERIFICATION OF CREDITOR MATRIX**

	The above named Debtor hereby v	erifies that the	attached list of	f creditors is tru	e and correct to	the best of hi	is/her
know	ledge.						

Date	3/16/2015	Signature _/s/ Johanna M Lacy
		Johanna M Lacy
Date		Signature